

ARMY-SPONSORED TRAINING APPLICATION CPO VERIFICATION CHECKLIST

This form will be used by the CPO to provide and verify information needed to make selections for Army-sponsored training. **This form should be completed by a CPO representative and attached to the front of each nomination package.**

1. NAME (Last, First, MI):

2. SCHOOL OR PROGRAM:

Please provide the following information on each nominee, as appropriate.

3. Complete on ALL nominees:

a. Does nominee meet eligibility requirements as stated in the training announcement? If no, explain. YES _____ NO _____

b. If nominee has a pending personnel action which will result in a change of position, describe action, date, and pending change.

c. If nominee is now occupying an overseas position, give date of overseas assignment and projected rotation date.

d. If nominee has previously participated in Army-sponsored training, state program and inclusive dates.

e. Does the training program exceed 12 months?

YES _____

NO _____

CONTINUED ON REVERSE SIDE

4. Please review each application package to assure that the following material and forms have been provided in accordance with the Matrix at APPENDIX A and that the forms have been completed and are arranged in the order listed below. Please place a check mark by each item contained in the application package. Enter N/A as appropriate.

- _____ **Appropriate Endorsements.** (See individual announcements)
- _____ **Request for Waiver of Eligibility Requirement** (See individual announcements)
- _____ **Army Sponsored Training Application Form**
- _____ **Appropriate DOD Executive Leadership Program Form** (ELC/SELC)
- _____ **Applicable Harvard or Syracuse Forms**
- _____ **DA Form 145 - Army Correspondence Course Enrollment Application**(for AODC only)
- _____ **Personnel Management for Executives Program Form** (PME/PMEII)
- _____ **Functional Review Form**
- _____ **Executive Biography**
- _____ **Supplemental Application Questionnaire**
- _____ **SARSF Fellowship Plan** (AR 690-410, subchapter 13)
- _____ **Academic Plan**
- _____ **Civilian Qualification Record** (DA Form 2302-R)
- _____ **Mobility Agreement**
- _____ **Performance Ratings** (3 most recent) **and companion TAPES Support Forms**, if applicable
- _____ **Request for Central Resource Support Form**
- _____ **Cost Comparison**
- _____ **DA Form 4338-R**
- _____ **DD Form 1556**
- _____ **SF 181**

NAME/TITLE OF CERTIFYING OFFICIAL:	ACTIVITY ADDRESS/PHONE NUMBER:
SIGNATURE:	DATE: